

THE STATE OF EARLY CARE & EDUCATION IN MONTANA 2004



EXECUTIVE SUMMARY

RESEARCH, EVALUATION AND ANALYSIS

FINDINGS & RECOMMENDATIONS

- ◆ Need For Care
- ◆ Where Care Is Happening
- ◆ Availability
- ◆ Affordability
- ◆ Quality Of Care
- ◆ Effectiveness Of Quality Initiatives
- ◆ Inclusive Care Policies
- ◆ Regulatory Process
- ◆ Collaboration



INTRODUCTION

This report is the result of a Senate Joint Resolution directing the Department of Public Health and Human Services (DPHHS) Early Childhood Services Bureau (ECSB) to review the status of child care in Montana prior to August 1, 2004. The joint resolution recognized the importance of sustaining a system of high quality Early Care and Education for Montana's preschool aged children. Recent findings show that:

- ❖ Seventy-two percent (72%) of Montana children under six years of age live with two employed parents or with an employed single head of household;
- ❖ A network of Child Care Resource and Referral (CCR&R) Agencies exists in Montana to assist parents in locating and paying for child care, and to help train Early Care and Education workers;
- ❖ Parents should have a choice in the type of Early Care and Education their children receive, including home care;
- ❖ Early Care and Education for all Montana children should be accessible, affordable and of high-quality; and
- ❖ Economic self-sufficiency is directly dependent upon access to quality, affordable Early Care and Education while parents work or are in school.

This study was directed to take a comprehensive look at the Early Care and Education system in the state of Montana in relation to the above findings. Research, analysis and evaluation was performed on the following eight areas that describe the Early Care and Education system in Montana:

- ❖ The overall need for Early Care and Education in the state;
- ❖ Places where care is currently being provided;
- ❖ Availability of Early Care and Education throughout the state;
- ❖ Affordability of Early Care and Education across the state;
- ❖ The quality of care provided in identified care settings;
- ❖ The effectiveness of existing quality improvement initiatives including:
 - ◆ Teacher training conducted by specified groups or agencies
 - ◆ Grants to providers, and
- ❖ Inclusive care policies and practices;
- ❖ Effectiveness of the child care regulatory process; and
- ❖ Effectiveness of collaborative efforts regarding Early Care and Education.

Background

Federal, state and city governments in the United States contribute approximately \$15 billion of the estimated \$38 billion annually spent on child care. The majority of these funds are provided by three programs: the Child Care Development Fund (CCDF), Temporary Assistance to Needy Families (TANF), and Head Start. Because of this, government plays an important role in the cost and supply of child care.

Children ages zero to four are projected to be the fastest growing age group, under the age of 24, in Montana between 2000 and 2015. However, while the age group needing care increases, the child care budget has decreased by 23% over three years from \$27.9 million in fiscal year (FY) 2002 to \$21,507,423 in FY 2004. A waiting list for child care subsidies was implemented in August 2002 in anticipation of decreased spending levels.

In Federal Fiscal Year (FFY) 2002 only 27% of Montana's Child Care Development Fund (CCDF) was comprised of state contributions. Only three states



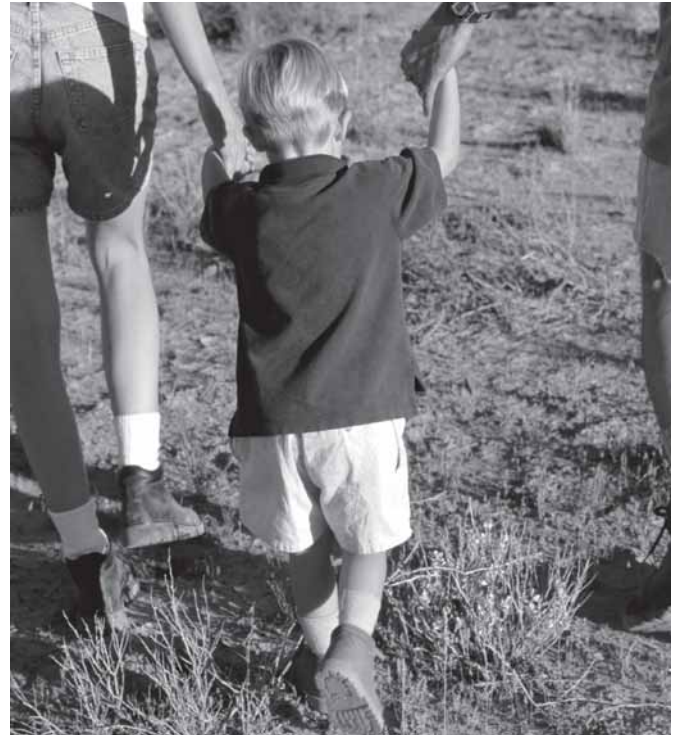
were required by the federal CCDF to contribute an equal or lower match than Montana that year. Those states were New Mexico (27%), West Virginia (25%), and Mississippi (24%).¹

Numerous studies show that every dollar invested in Early Care and Education saves the public between \$2.00 and \$7.00 in the long run, with the highest level of savings demonstrated by providing high quality environments for children living in poverty.² Savings occur primarily through reductions in special education costs, lower school drop-out rates, and decreased criminal activity all of which impact the economy. High quality child care, more recently known as Early Care and Education, also promotes intellectual, language, physical, social, and emotional development, all of which prepare young children for school and create a foundation for later academic and social competence.

This Executive Summary presents the most important findings and recommendations developed and approved by the Evaluation Management Team in the eight areas of research previously listed. More detailed descriptions regarding the data and its implications are presented in the body of the full report.

Methodology

In February 2004, DPHHS contracted with Social Entrepreneurs, Inc. (SEI) to conduct research, analysis and evaluation of the child care system in the state of Montana. SEI's approach to conducting this project relied extensively on the support and cooperation of an Evaluation Management Team to identify data sources, collect and submit much of that data, and



assist SEI in identifying important sites to visit and groups to meet with in order to obtain a comprehensive view of the Early Care and Education system.

The Evaluation Management Team was comprised of active professionals in Montana's Early Care and Education system, primarily at the state level. SEI met with the Team in mid-February to identify the data sources and specific persons responsible for obtaining and forwarding the data to SEI. SEI conducted stakeholder interviews and performed additional research. The data from these three activities was then synthesized, analyzed, and drafted into a preliminary report. The team met to review, revise and approve the findings and recommendations contained herein.



FINDINGS

Overall Need for Early Care and Education in Montana

Montana's regulated child care supply met only 22% of the estimated need in 2003. Seventy-two percent of children under the age of six lived in households with working parents (either two employed parents or an employed single head of household); 52% of children ages 6 - 12 lived with working parents; and an estimated 26% of all Montana children lived in low-income working families. This means that an estimated 95,345 children or 60% of all children 12 and under needed child care, and Montana housed a total of 20,702 regulated child care slots.

Only 34% of the estimated care needed for infants and toddlers was available in 2003, and only 19% of needed care for children two years and older was available. Of the 20,702 available regulated slots at that time, 5,370 were for infants or toddlers (ages 0-24 months), while the remaining 15,332 were available to children ages 2 and older.

Montana lacks enough available licensed or registered child care locations to meet the estimated need in every region of the state. Because licensure is not required for all Early Care and Education environments, the true number of Early Care and Education providers as well as the number of slots available for care would be difficult and costly to calculate. However, the need for care statewide and by region was estimated using the percentage of children in families with working parents, a standard method used by child care resource and referral agencies in other states to estimate the need for care.

Places Where Care is Currently Being Provided

Early Care and Education is occurring in a variety of settings throughout Montana. There are three types of regulated child care settings available: licensed child care centers, registered group child care homes, and registered family child care homes. Regulation of these settings is performed by the Department of Public Health and Human Services (DPHHS) Quality Assurance Division (QAD) throughout the state. Licensed child care centers care for 13 or more children. Registered group child care homes provide care for between 7 and 12 children; and registered family child care homes provide care for 6 or fewer children.

Child care centers are the only facilities in Montana which are licensed. Family child care and group home care providers must register however, meaning that they do not have an inspection prior to the issuance of the certificate for providing care. The staff of licensed facilities are subject to higher qualifications than those persons providing care in registered family or group child care homes. Unless the facility is granted an extended license, child care centers are inspected annually. At the time of this report, QAD had issued extended licenses to approximately 80% of all licensed centers in Montana.

Other places where care is provided and where state regulation is not required include Drop-in Child Care Centers, Preschools, Before and After School Programs, Head Start and Early Head Start programs. Unfortunately the only mechanism for tracking children in Early Care and Education settings is through the Department of Public Health and Human Services (DPHHS) Best Beginnings Scholarship program, Montana's system for determining eligibility and distributing child care subsidies. This makes it both difficult and costly to calculate the exact number of children in all Early Care and Education settings because no mechanism exists for tracking unregulated care provided in places where children are not receiving Best Beginnings Scholarships.

According to DPHHS, as of January 2004 there were a total of 1,929 regulated or legally unregistered places where care was being provided for children through the Best Beginnings Scholarship program. Of those, 265 were licensed child care centers, 688 were registered family child care homes, 476 were



registered group child care homes, and 500 were legally unlicensed providers (LUPs).

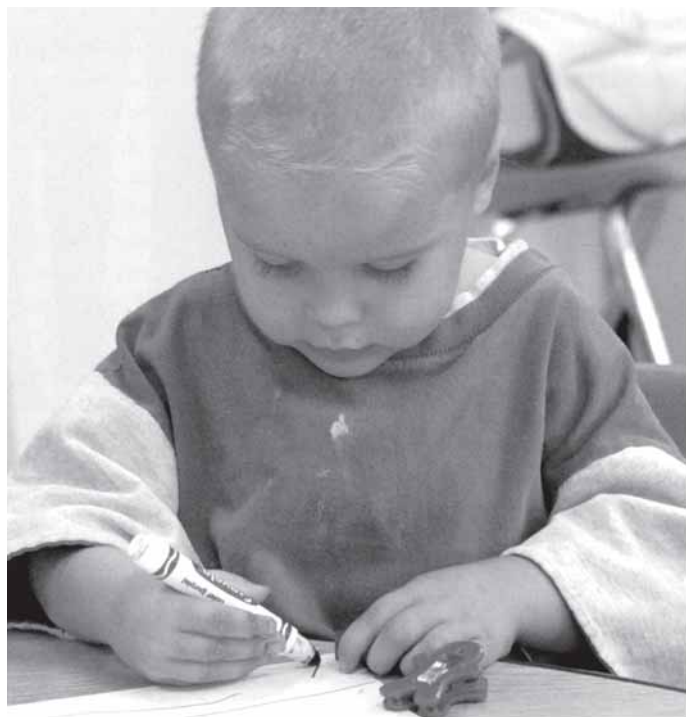
According to key stakeholders throughout the state, there are a number of unregulated individuals providing “underground” child care, and some facilities that were regulated in 2002 are no longer. However, they are still providing care.

Head Start and Early Head Start programs serve low-income children and families throughout Montana. There are 20 Head Start programs and eight Early Head Start programs. At least one Head Start program is located in each of the 12 Montana child care resource and referral (CCR&R) regions, and 35% of all Head Start and Early Head Start programs are on reservations.

Availability of Early Care and Education Throughout Montana

The number of regulated child care facilities dropped by 12.6% statewide between FY 2002 and FY 2003. Due to the rural nature of the state and the distances that parents must sometimes travel to get children into care, finding affordable, accessible care can be difficult. For many families in rural Montana, regulated care may not be an option. In general, more regulated care was found in counties where CCR&R agencies were located. The 12 CCR&R regions were found to have enough regulated child care to serve between 28% and 70% of the need for care.

Regulated care was unavailable in Wibaux, Golden Valley, Petroleum, Treasure and Carter counties.



There were also two counties where care was available for less than 10% of the children under 5 years of age, Big Horn County and Blaine County.

A study of wages, benefits and turnover in regulated Montana child care facilities found that Early Care and Education programs paying the least and offering the fewest benefits had the highest turnover rate in staffing. The study was conducted by the Montana Early Childhood Project in 1998. The most alarming findings of that study were the low wages, lack of benefits, and high turnover rate of staff. Over 72% of centers did not offer full or partially paid health, dental, and life insurance, and overall turnover rates during a six-month period were 40% for teachers and 63% for assistant teachers.

Affordability of Early Care and Education Across the State

A family in Montana will pay between 15% and 23% of their total household income for regulated care for one toddler (based on the median household income in each region). According to the 2002 Market Rate Survey conducted by DPHHS regulated child care in Montana (calculated at the 75th percentile) cost families between \$4,080 per year for care for a child over the age of two in the Miles City region, and \$6,204 per year for care for a child under two years of age in the Bozeman region. Comparatively, average payments nationally for regulated child care for children under six years cost families between 6.1% of their household income for the top 20% of earners and 18.4% for the bottom 40% of earners.

The cost of providing care is the primary factor in affordability. Key stakeholders reported that the cost

of providing care has increased greatly over the last several years especially due to inflation in costs for groceries, liability insurance and worker's compensation insurance. The cost of providing care continues to rise, while the subsidy reimbursement rate through the Best Beginnings program remained the same until July 1, 2004. This means that even the highest level of reimbursement fell below the market rate in many regions. National studies estimate that the cost of providing quality care runs between \$8,000 and \$12,000 per child per year. In fact, in Montana, Head Start programs spent almost \$7,000 per child during FY 2003, and Early Head Start programs spent over \$10,000 per child.

The cost of purchasing care for a family with two children, on the other hand, ranges between 25% and 37% of the median household income of families in Montana. A family with two young children (one infant or toddler and one two years or older) would have to spend between 28% and 41% of their total household income on regulated child care. A single parent earning minimum wage (\$10,712 per year) with two children those same ages would pay between 85% and 120% of the family's total household income for regulated care without a Best Beginnings Scholarship. For the sake of comparison, it is interesting to note that 61% of Montanans spent less than 35% of their household income on rent according to the 2000 U.S. Census.

Of the estimated 95,345 children needing child care in Montana, 10,673 children received Best Beginnings Child Care Scholarships during fiscal year 2003. During that same time, Montana housed a

total of 20,702 regulated child care slots. This means that approximately 11% of all children in need of care in Montana received Best Beginnings Scholarships during fiscal year 2003, and more than half of all regulated child care slots in the state could have been filled by children on the scholarship program.

Quality of Care Provided in Identified Care Settings

The National Association for the Education of Young Children (NAEYC) established indicators of quality Early Care and Education settings. For this reason, Montana's Star Quality Rating System, administered by ECSB utilizes accreditation as an indicator of quality.

Montana ties its reimbursement rates to the level of quality attained and maintained by regulated providers, using the Star Quality Rating System. Facilities must apply to the Star Quality program. Specific criteria related to licensing, staff turnover, parent involvement, professional development, program components, and organizational infrastructure must be in place to receive a 1-Star rating. A 2-Star rating requires that additional criteria are met, one of which is national accreditation.

Although measuring the quality of care provided in all Early Care and Education environments in Montana would require tremendous effort and expense (and therefore was not feasible as part of this evaluation process), the percentage of Star rated facilities in the state can be used as an indicator of overall quality.

The Star Quality Rating System in Montana has grown consistently since its inception in 2001. As of 2002, Montana had a total of 37 facilities with a Star

rating. This represented 3% of the total number of child care facilities in Montana at that time (1,610 facilities in 2002). By December 2003, the number of Star rated facilities had increased by almost 49%, reaching 55, and representing 4% of the 1,407 child care facilities in Montana in 2003. By the end of FY 2004, the number of Star rated providers had increased by 20% in a one year period, while the state had established a benchmark to increase the number of Star rated providers by just 10% that year.

Even so, as of March 2004 only 4% of the all regulated facilities in Montana were Star rated. Forty-seven percent of those were centers; 40% were group homes, and 13% were family child care homes. Additional findings include:

- ❖ 40% of all Star rated providers in the state can be found in the Missoula CCR&R region.
- ❖ Many Star rated facilities are in close proximity to CCR&R agencies.
- ❖ Regions with Mentoring programs demonstrated the most rapid growth in Star rated facilities between 2002 and 2003.

Effectiveness of Quality Initiatives

The majority of CCDF funding is used to provide Best Beginnings Scholarships to children in low-income working families or families receiving Temporary Assistance for Needy Families (TANF) cash assistance, while a small portion is mandated by the Federal Government to be used for improving the quality of child care throughout the state. Quality Funds consist of 4% of the overall CCDF funding, an earmark for infant and toddler care, an earmark for

child care resource and referral and school age care and an earmark for quality expansion.

Between 1997 and 2003, Montana spent a total of \$11,022,185 to improve the quality of Early Care and Education using the 4% quality dollars and the federal earmarks listed above. Since 1998, Montana has spent \$1,485,047 to improve and expand services for infants and toddlers through its Infant/Toddler earmark, and \$339,011 has been spent to support the Montana Child Care Resource and Referral Network office and coordinate services offered by school age programs through the state's School Age CCR&R earmark. Since 2000, the first year the Quality Expansion earmark was mandated, the state has spent \$2,179,896 to expand quality improvement opportunities for licensed and registered child care providers.

Montana uses the Quality Funds to support a number of quality improvement programs including Provider Grants, Infant/Toddler Demonstration Projects, Mini Grants, Specialized Training Grants, Merit Pay, Star Quality Tiered Reimbursement, Montana's Early Care and Education Career Development system, Mentoring programs, Higher Education Early Care and Education coursework expansion, the Montana Statewide Inclusion Project at Child Care plus+, and Consumer Education.

Additionally, the 12 established Child Care Resource and Referral Programs (CCR&R) located throughout the State play an important role in improving the quality of care offered by Montana's regulated child care providers. Montana contracts with CCR&R agencies to provide three specific services: Provider Services (recruitment, orientation,

and training); Family Services (child care referrals and payment assistance); and Community Services (business and community outreach). Community Services are the only CCR&R services funded with Quality funds.

There is no technical way to measure the effectiveness of these quality initiatives independently, as no baseline data and no measurable outcomes were established prior to funding them. However, some indicators are:

- ❖ The increased number of providers at Levels 3 and above on the Montana Early Care and Education Practitioners Registry. (*The Practitioners Registry recognizes practitioners for their education, experience and volunteer contributions by placing them on the Career Path. There are eight levels of professional development identified on the Career Path. Participants renew their commitment annually by documenting approved training and higher education.*)
- ❖ An increase in accredited and Star rated providers which have increased most dramatically in areas where Mentoring programs are offered.
- ❖ An increase in the number of infant/ toddler caregivers since the Infant/Toddler Demonstration Projects began.
- ❖ The Montana Early Care and Education Career Development System which has been nationally recognized.

Effectiveness of the Regulatory System

The function of state child care licensing divisions is established by laws that are passed by state legislatures. The *National Association for the Education of Young Children* (NAEYC) states, “The fundamental purpose of public regulation is to protect children from harm, not only threats to their immediate physical health and safety but also threats of long-term developmental impairment.”

Research indicates that states with more stringent regulatory systems have a larger supply of higher quality programs, and differences in quality are minimized between nonprofit and for-profit providers in those states. Additional research has found that only about 10-15% of child care settings promote children’s healthy development and learning, and that as many as 35-40% of settings for infants and toddlers are potentially harmful to children’s healthy development.

After careful review, it can be concluded that most of Montana’s regulations are equal to or more stringent than those of its neighboring states. On certain key regulatory issues Montana and its neighbors have many of the same regulations.

Montana is the only one of the five states compared that has a rated licensing system indicating the quality of care provided coupled with a tiered reimbursement system. The state also requires additional hours of training for directors of Early Care and Education facilities. Additionally, key stakeholders around the state reported having good working relationships with licensing agents, which is an important aspect of effective regulation.

In the recent years, the Quality Assurance Division Child Care Licensing has seen a decrease in the number of serious non-compliances with the implementation of a '120 day' policy to visit newly registered providers and through strong collaboration with the 12 CCR&R agencies. Although QAD has implemented that policy, statewide during FY 2003 an average of 41% of newly registered providers were visited within 120 days of registration. Regionally, the percentage of newly registered providers that were visited within 120 days during that same year varied greatly. However, none of the licensing staff in any region visited 100% of newly registered providers.

The most commonly occurring deficiencies among regulated providers in 2003 identified paperwork non-compliance issues such as lack of health care records (immunization records, infant health forms), lack of written information for parents (service contracts), lack of a written daily schedule, lack of admission criteria, and lack of a master list of children. In reviewing past inspection data, the paperwork non-

compliances are the most frequent areas of non-compliance for the last three fiscal years.

In its position statement regarding Licensing and Public Regulation of Early Childhood Programs, NAEYC cites five broad areas where support for effective licensing systems fall short. During the research and analysis phases of this evaluation process, it became apparent that two factors weaken the Early Care and Education regulatory system in Montana. They are: the number of settings that are exempt from regulation and, the lack of sufficient funding and power to effectively enforce licensing rules.

In response to a national mandate, the Quality Assurance Division (QAD) Child Care Licensing Director and the Healthy Child Care Montana Coordinator cooperated to evaluate Montana's licensing regulations against the *Stepping Stones Guidelines* from Caring for Children, a joint collaborative project of the American Academy of Pediatrics, the American Public Health Association and the National Resource Center for Health and Safety in Child Care. The *Stepping Stones Guidelines* are a set of national health and safety performance standards for child care centers and family home providers that are endorsed by NAEYC.

These standards are aggressive and require the commitment of policy makers, legislators, state officials and the entire child care community if implementation is to be realized. It should be noted that very few states, if any, adhere to *all* of the Caring for Children standards. Montana currently complies with 34% of the Guidelines recommended by Caring for Children.





Effectiveness of Collaborative Efforts

Without exception, key stakeholders in all regions identified local or state collaboration as one of the greatest assets in the CCR&R regions and the state. Being such a collaborative state, stakeholders believe, has enabled Montana to accomplish more and do it quickly. Many participants are involved in multiple collaborative projects. This allows trust and confidence to develop while successful strategies from one area can be replicated in others.

Collaborative efforts around the state have resulted in increased training opportunities for providers statewide including those on the reservations; the design and implementation of innovative programming; and increased funding.

Tangible collaboration outcomes include:

- ❖ An annual Statewide Early Care and Education conference which rotates between the major

cities in Montana: Bozeman, Kalispell, Great Falls, Missoula, Billings, Helena, and Butte.

- ❖ A Governor's Summit on Extra Learning Opportunities to facilitate goal-setting and activities among afterschool programs, youth organizations, and state government.
- ❖ The Montana Out-of-School Time Task Force, convened by the Montana Child Care Resource & Referral (MCCR&R) Network, drafted licensing regulations specific to afterschool programs in 2001. These recommendations are currently under legal review by DPHHS.
- ❖ In several regions, child care resource and referral agencies contract with tribes to provide training and orientation. Several tribes are currently working with the Quality Assurance Division to align their licensing procedures, which will enable tribally regulated providers to receive subsidy reimbursement from the state.
- ❖ Many local colleges partner with both tribal and state Head Start programs to fulfill the mandate that at least 50% of all Head Start teachers will have degrees by September 2005.
- ❖ Some school districts are collaborating to write grants with the intent of preparing preschool children for kindergarten entry (Kalispell).
- ❖ Collaborative advocacy efforts (2003) resulted in a state investment of \$6 million for child care for the 2004-2005 biennium, mitigating a significant loss of over \$14 million for child care in 2004-2005.



RECOMMENDATIONS

In light of the findings resulting from this evaluation, a number of recommendations were developed by SEI and the Evaluation Management Team. The following recommendations are based on priorities already established by the Early Childhood Services Bureau and the Montana Early Childhood Advisory Council. Several of the recommendations address findings across more than one area of research.

Overall Need for Early Care and Education in Montana

- ❖ Determine the need for care regionally by enlisting the regional CCR&R agencies to

conduct community assessment and planning efforts to determine regional needs, issues and methods for developing local approaches to measuring and building the capacity of regulated, quality Early Care and Education. Assess the need for care in counties where there is little or no regulated care.

Places Where Care is Currently Being Provided

- ❖ Research places where children are actually in care (including unregulated environments) and determine why facilities have closed.
- ❖ Complete and implement the regulations for school age facilities.
- ❖ Complete and implement the voluntary regulations for Drop-in care as required by the 2001 legislature.
- ❖ Enforce Montana Code Annotated 52-2-741 that states, "If the department is advised or has reason to believe that a person, group of persons, or corporation is operating a day-care facility without a license or registration certificate, it shall make an investigation to ascertain the facts. If the department finds that the day-care facility is being or has been operated without a license or registration certificate, it may report the results of its investigation to the attorney general or the county attorney of the county where the day-care facility is being operated for prosecution and request that an injunction be issued against the facility until a license or certificate is issued."

Availability of Early Care and Education Throughout Montana

- ❖ Support recruitment and retention efforts for providers that are specific to each region as a result of the community assessment and planning efforts for developing local approaches to measuring and building the capacity of regulated, quality Early Care and Education.
- ❖ Ensure consistent revenue for regulated Early Care and Education programs by contracting with them to provide care for children in the Best Beginnings Scholarship program and guaranteeing monthly subsidy payments.

Affordability of Early Care and Education Across the State

- ❖ Research the actual costs of providing quality care in Star rated facilities across the 12 Montana CCR&R regions in order to determine the gap between what quality care costs to provide and what parents can afford to pay.
- ❖ Fund salary enhancements and benefits for providers in order to close the gap between what it costs to provide quality care and what families can afford to pay.

Quality of Care Provided in Identified Care Settings

- ❖ Assure competitive reimbursement rates from the Best Beginnings Scholarship program based on the 75th percentile of the market rate cost of

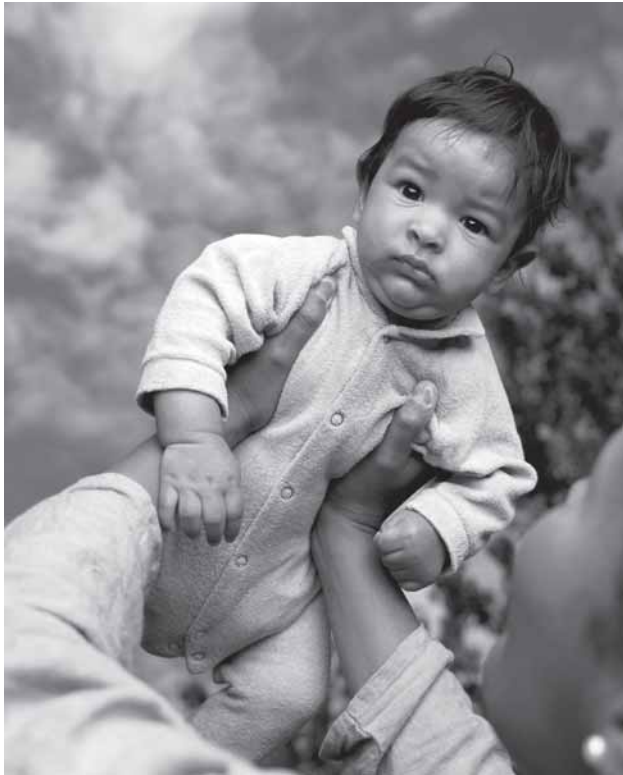
care so that the 10% and 15% bonuses for Star rated facilities provide meaningful incentives for the majority of regulated providers.

- ❖ Maintain or increase incentive awards to providers for continuing education at all levels.
- ❖ Include and fund staffing for the use of an on-site nationally recognized standardized assessment tool in order to measure the quality of care provided in Star rated facilities.

Effectiveness of Quality Initiatives

- ❖ Build an evaluation component and baseline data into all projects receiving Quality Funds. Link them with state established benchmarks.





- ❖ Report progress on state benchmarks to the Montana Early Childhood Advisory Committee (MECAC) annually.
- ❖ Discontinue including statewide funded projects into quality maps created by the Montana Child Care Resource and Referral Network (MCCR&R) as this results in the false appearance that some regions are receiving far more funding than others.

Effectiveness of Regulatory System

- ❖ Require all facilities that receive tuition or fees for caring for or educating children to attain licensure.

- ❖ Evaluate regional staffing levels of the Quality Assurance Division (QAD) Child Care Licensing to ensure the adequate availability of licensing staff in each region.
- ❖ Empower QAD Child Care Licensing by providing the necessary funding to enforce regulations such as visiting all newly registered providers in all districts within 120 days of their registration.
- ❖ Resolve the complex issue of enforcing regulations (including the revocation of licensure) to protect the rights and safety of children while the rights of individual business owners are also upheld.
- ❖ Use the QAD evaluation against the *Stepping Stones Guidelines* as a baseline to establish goals and benchmarks for Child Care Licensing.
- ❖ Increase QAD Child Care Licensing visits to all regulated providers in Montana to twice per year, as recommended in the *Stepping Stones Guidelines*.

Effectiveness of Collaborative Efforts

- ❖ Ask local pilot projects to report their outcomes and successes to the Montana Early Childhood Advisory Council (MECAC) in order to use them as models for future programs such as:

- ◆ Full day kindergarten in Great Falls
- ◆ Billings Child Care Coalition Mentoring and training projects
- ◆ Group health insurance pilot project for providers in Helena – Child Care Partnerships
- ◆ Substitute pool for regulated providers in Helena – Child Care Partnerships
- ❖ Collaborate regarding visits to regulated care facilities from CACFP, ECSB quality monitoring, and QAD licensing to avoid duplication and maximize resources.
- ❖ Standardize statewide data collection and reporting using Child Care Under the Big Sky (CCUBS) software through DPHHS, NACCRRWare (CCR&R software), the Practitioner Registry database, CACFP and quality program outcome reports.
- ❖ Continue to explore opportunities to collaborate with new partners.
- ❖ Ask the newly assembled “Data Consortium” group to identify links in Early Care and Education and quality initiative data for future analysis and planning efforts.



Using this report

Innovative, research-based efforts to improve Early Care and Education for Montana's youngest citizens have been conducted for a number of years now. It is the intent of SEI and the Evaluation Management Team that this report guide the decisions of policy-making individuals and groups to build on the progress already made, make course corrections where recommended, and strengthen the system of Early Care and Education in the state of Montana.

500 copies of this public document were published at an estimated cost of \$2.03 per copy, for a total cost of \$1,015.00, which includes \$1,015.00 for printing and \$0.00 for distribution.

Endnotes

¹ Fiscal Year 2002 Child Care Development Fund Matching State Share Summary report, found online at

<http://www.acf.hhs.gov/programs/ccb/research/02acf696/table5a.htm>

² *Benefits, Costs, and Explanation of the High/Scope Perry Preschool Program

<http://www.highscope.org/Research/PerryProject/Perry-SRCD-2003.pdf>

The Children of the Cost, Quality, and Outcomes Study Go To School – Executive Summary, 1999. University of North Carolina at Chapel Hill, FPG Child Development Center, UNC-CH